Special Exception Request for CMS Coverage of Low Protein Modified Foods

Patient Name: _____
Patient Address: _____
Date of Birth: _____ CMS Area Office:_____

This section must be signed by the licensed treating physician:

Treating Physician Name (Printed): _____
National Provider ID: _____
Physician Type/Specialty: _____

Diagnosis Code for Low Protein Modified Foods **(Please check one)**:

	ICD-9	ICD-10
○ PKU	271.1	E70.0
○ Tyrosinemia	270.2	E70.21
○ MSUD	270.3	E71.0
○ Urea Cycle Disorder	270.6	E72.4
○ Propionic Acidemia	270.3	E71.121
○ Methylmalonic academia	270.3	E71.120
○ Homocystinuria	270.4	E72.11

Expected Frequency/Duration of Treatment: _____

Physician
Comments**:**_____
_____
_____

Treating Physician's Signature and Credentials:

_____ License #: _____

Date: _____

Please attach all related medical records and fax to 850-921-5241